

ISEE Practice Exam

Name: _____

Date: _____

Exam: _____

Instructor: _____

Applicant to Grade
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7 <input type="radio"/> 11 <input type="radio"/>
8 <input type="radio"/> 12 <input type="radio"/>

Test ID
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Student ID Number					
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Example: A B C

- fill circles completely - dark marks - erase completely -

Section 1 VERBAL REASONING

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Section 2 QUANTITATIVE REASONING

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Section 3 READING COMPREHENSION

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Section 4 MATHEMATICS ACHIEVEMENT

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